

Adult Behavior Guidelines

I have read and understand the Behavior Guidelines and agree to follow them for the March for Life.

Adult Participant's Signature _____

Youth Behavior Guidelines

I have read and understand the Behavior Guidelines and agree to follow them for the March for Life. As parent or legal guardian, I remain fully responsible for the actions and conduct of my child. If it is necessary for my child to return home before the group returns, I understand it will be at my expense.

Youth Participant Signature _____

Parent/Guardian's Signature _____

Parental Statement of Consent (must be completed for those under the age of 18)

I hereby consent to participation by my child, _____ in the March for Life and associated activities to be held in and around Washington, D.C. I understand that my child will be under the supervision of the designated chaperone. I further consent to the conditions stated in the event description regarding participation in this event on the indicated dates, including the method of transportation.

In consideration of my child being allowed to participate in the March for Life and associated activities, I agree to indemnify and hold harmless and defend Right to Life of Northeast Ohio, Life Education Fund, Youth for Life of Northeast Ohio and any and all affiliated organizations, their employees, agents, and representatives, including volunteer and other drivers, from any and all claims, including negligence, arising from or relating to my child's participation in this event. This indemnification and hold harmless and defense agreement does not apply to claims for intentional misconduct.

Parent/Guardian's name PRINTED _____

Parent/Guardian's Signature _____

Date: _____

Media Release (must be completed for those under the age of 18)

I hereby give permission for Right to Life of Northeast Ohio to photograph, videotape and/or voice-tape myself and/or my child, or allow area news reports to do the same for the purposes of:

- Public information for promotion of organizational programs (brochures, newspapers, radio, or television)
- Posting on the Right to Life of Northeast Ohio, Life Education Fund and Pro Life Youth Congress websites
- Inclusion in news releases regarding the March for Life activities
- Inclusion in Right to Life of Northeast Ohio, Life Education Fund and Pro Life Youth Congress educational materials

Minor or Adult Participant Name PRINTED _____

Parent/Guardian Signature (if minor) _____

Adult Participant Signature _____

Date _____

March For Life

Washington, D.C.

January 20-22, 2014

Help us to join together with people across our nation in a show of peaceful unity to stop legalized abortion.

Cost of \$225 per person includes bus transportation, two nights lodging, all meals on Tuesday, and registration fees for Students for Life conference.



Space is Limited!!!

Deposit of \$50 per person due by October 15, 2013

Balance of \$175 per person due by December 15, 2013

Visit www.YouthForLifeofNortheastOhio.com

for more information, or call 330-762-2785

This event is being sponsored by:



PACKING LIST

What You Should Bring	What You May Choose To Bring	What You May NOT Bring
<ul style="list-style-type: none"> Warm clothing (winter coat, boots or appropriate shoes, hat, gloves) Clothes appropriate for church or prayer service Rain poncho/small umbrella Pajamas & toiletries (soap, toothpaste, shampoo, etc.) Money for lunches & dinners not included Prescription medications Cell phone 	<ul style="list-style-type: none"> A small blanket for the bus Backpack Camera Personal CD player, mp3 player, handheld electronic games (all with earphones!) Books, journal Snacks Extra money for souvenirs 	<ul style="list-style-type: none"> Drugs, alcohol, tobacco Weapons Inappropriate games or videos More than 1 suitcase Coolers Suggestive, obscene or explicit materials or clothing

BEHAVIOR GUIDELINES

- Participants must wear provided name tag at all times.
- The use of tobacco, alcohol, drugs and weapons is prohibited for the duration of the trip. Those who fail to comply with this rule will be sent home at the participant's expense.
- All youth participants must keep with assigned group and adult group leader at all times, including during tours and activities.
- All youth participants are expected to attend all programmed events following the given schedule.
- Socializing should take place in public areas. NO visiting is allowed in sleeping areas occupied by the opposite gender without the presence of a chaperone.
- Scheduled curfews must be strictly followed. No youth may leave their assigned sleeping area after curfew.
- Use good judgment and respect in all behavior. Any disrespectful or disruptive behavior will be dealt with quickly and certainly. Participants who use inappropriate language, illegal substances or participate in destructive behavior will be removed and may be asked to leave early at his/her expense. Disagreements that impose on an individual's or group's comfort level should be brought to the event leader's attention for resolution.
- When riding on the bus, you should stay in your seats at all times. Care must be taken to respect the drivers and the busses.
- Use earphones when operating any portable electronic devices so as not to disturb others around you.
- Please remember to obey and respect all figures of authority.
- All adult chaperones/group leaders must complete the separate "Application to Work with Youth" form.**

COMPLETE BOTH SIDES OF REGISTRATION FORM AND RETURN TO ADDRESS ON BACK BY OCTOBER 15.

**MARCH FOR LIFE
REGISTRATION FORM**

****ONE FORM PER PARTICIPANT**
SUBMIT BY OCTOBER 15**

Deposit \$ _____
Date: _____

Bus #: _____

Name: _____ Adult Chaperone
 Youth Grade: _____

Street Address: _____
City/State/ZIP: _____

Date of Birth: _____ Home Phone: (____)____-____

Registrar's Cell Phone: (____)____-____ Will you have this cell phone on the trip? _____

E-Mail: _____

Parent or guardian name (if youth): _____

Parent or guardian e-mail: _____

Medical Treatment Authorization

While taking part in the March for Life trip & activities, I hereby authorize treatment for my child myself by a qualified and licensed physician of any condition which, in the opinion of the physician, is deemed necessary and appropriate. This authority is granted only after a reasonable effort has been made to reach me/my family.

Name: _____

(Relationship if minor): _____

Address: _____ City/ZIP: _____

Emergency Phone Number(s): _____

(____)____-____ (____)____-____

Family Physician: _____ Phone: (____)____-____

Physician Address: _____ City: _____

List allergies, medications, dietary concerns or other pertinent comments: _____

Health Insurance Data:

Company: _____ Contract #: _____

Group #: _____ Member #: _____

I further authorize the person who presents the minor to sign the Acknowledgment of Receipt of Notice Privacy Rights that may be presented by the physician or health care facility. This authorization is completed and signed of my own free will with the sole purpose of authorizing medical treatment deemed necessary and appropriate by the treating physician.

Signed: _____ Date: _____

(Adult or Parent/Guardian)